

TOWN OF EDGEWOOD ANIMAL CONTROL

ANIMAL LICENSE FORM

Use back side of form for additional pets

Pet Owner Information:

Name: _____ DOB: _____

PLEASE PRINT CLEARLY

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above) _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Wk Phone: _____ Cell Phone: _____

DL # State: _____ Number: _____ Email address: _____

A copy of a Rabies Vaccination Certificate and proof of sterilization (if applicable) from a veterinarian must be included for each pet

Pet's Name: _____ ☐ New ☐ Renewal

Type: ☐ Dog ☐ Cat SEX: ☐ Male ☐ Female Is Animal Sterilized? YES ☐ NO ☐

Breed: _____ Age (in years): _____

Primary Color: _____ Other Colors: _____

Other Identification (such as a Micro-chip, tattoo, etc): _____

For Office use only: Lic.# _____ Date: _____ 1yr ☐ 3 yr ☐

Pet's Name: _____ ☐ New ☐ Renewal

Type: ☐ Dog ☐ Cat SEX: ☐ Male ☐ Female Is Animal Sterilized? YES ☐ NO ☐

Breed: _____ Age (in years): _____

Primary Color: _____ Other Colors: _____

Other Identification (such as a Micro-chip, tattoo, etc): _____

For Office use only: Lic.# _____ Date: _____ 1yr ☐ 3 yr ☐

Pet's Name: _____ ☐ New ☐ Renewal

Type: ☐ Dog ☐ Cat SEX: ☐ Male ☐ Female Is Animal Sterilized? YES ☐ NO ☐

Breed: _____ Age (in years): _____

Primary Color: _____ Other Colors: _____

Other Identification (such as a Micro-chip, tattoo, etc): _____

For Office use only: Lic.# _____ Date: _____ 1yr ☐ 3 yr ☐

I certify that the above information is correct, that I am 18 years of age or older, and that I am the owner of the above described pet (s).

Pet Owner(s) Signature _____

Date _____

A copy of a Rabies Vaccination Certificate and proof of sterilization (if applicable) from a veterinarian must
be included for each pet

Pet's Name: _____ ☐ New ☐ Renewal

Type: ☐ Dog ☐ Cat SEX: ☐ Male ☐ Female Is Animal Sterilized? YES ☐ NO ☐

Breed: _____ Age (in years): _____

Primary Color: _____ Other Colors _____

Other Identification (such as a Micro-chip, tattoo, etc): _____

For Office use only: Lic.# _____ Date: _____ 1yr ☐ 3 yr ☐

Pet's Name: _____ ☐ New ☐ Renewal

Type: ☐ Dog ☐ Cat SEX: ☐ Male ☐ Female Is Animal Sterilized? YES ☐ NO ☐

Breed: _____ Age (in years): _____

Primary Color: _____ Other Colors _____

Other Identification (such as a Micro-chip, tattoo, etc): _____

For Office use only: Lic.# _____ Date: _____ 1yr ☐ 3 yr ☐

Pet's Name: _____ ☐ New ☐ Renewal

Type: ☐ Dog ☐ Cat SEX: ☐ Male ☐ Female Is Animal Sterilized? YES ☐ NO ☐

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Type: ☐ Dog ☐ Cat SEX: ☐ Male ☐ Female Is Animal Sterilized? YES ☐ NO ☐

Breed: _____ Age (in years): _____

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For Office use only: Lic.# _____ Date: _____ 1yr ☐ 3 yr ☐